

# The Health Care Monitor

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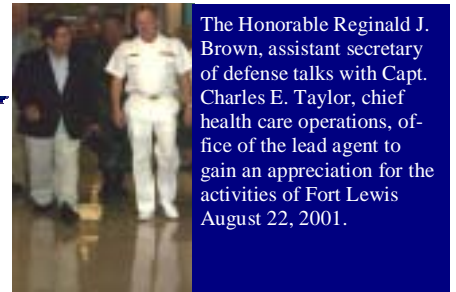
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The Honorable Reginald J. Brown, assistant secretary of defense talks with Capt. Charles E. Taylor, chief health care operations, office of the lead agent to gain an appreciation for the activities of Fort Lewis August 22, 2001.

## TRICARE Northwest

### Red Cross provides disaster relief

By the American Red Cross

#### **Update: Response to Catastrophes in New York City, Washington D.C.**

The American Red Cross is responding to the explosions at the World Trade Center in New York City and in the Pentagon and on the National Mall in Washington, D.C. that occurred in recent weeks. Chapters and volunteers are working with emergency management to ensure that help is being provided.

The American Red Cross Aviation Incident Response (AIR) Team has been activated and is responding in New York City and Boston, where one of the flights that struck the World Trade Center originated. Made up of leadership teams from all Red Cross disaster functions, the AIR Team responds when activated through the Aviation Disaster Family Assistance Act of 1996.

The act charged the National Transportation Safety Board with designating an organization to provide for the emotional needs of victims, family members and rescue workers.

Trained disaster volunteers

from local chapters of the American Red Cross are providing support for this tragedy. Local Red Cross volunteers are traveling to the east coast to help bring comfort and relief for the thousands of people affected by this disaster.

In the wake of these traumatic events lies a wide path of catastrophic physical and psychological destruction in which countless victims will require assistance. In ad-



Pedestrians flee the area of the World Trade Center as the center's tower crashes. (photo by: Amy Sancetta/AP)

(Continued on page 6)

# How to help children during a crises

By **The American Academy of Pediatrics**

In response to the tragic events unfolding in New York and Washington, DC, the American Academy of Pediatrics would like to offer some advice on how to communicate with children and adolescents during times of crisis.

\* It's important to communicate to children that they're safe. Given what they may have seen on television, they

need to know that the violence is isolated to certain areas and they will not be harmed. Parents should try to assure children that they've done everything they can to keep their children safe.

\* Adolescents in particular can be hard hit by these kinds of events and parents might want to watch for signs such as sleep disturbances, fatigue, lack of pleasure in activities enjoyed previously, and initiation of

illegal substance abuse.

\* Overexposure to the media can be traumatizing. It's unwise to let children or adolescents view footage of traumatic events over and over. Children and adolescents should not watch these events alone.

\* Adults need to help children understand the significance of these events. Discussion is critical. It should be stressed that the terrorist acts are ones of desperation and horror -

and that they're not about politics or religion. Children should know that lashing out at members of a particular religious or ethnic group will only cause harm.

The American Academy of Child and Adolescent Psychiatry has suggestions for "Helping Children after a Disaster." They can be found at <http://www.aacap.org/publications/factsfam/disaster.htm>

## Madigan helps families in aftermath of terrorist attack

**Psychological Effects of Disasters and Trauma.** The Madigan Behavioral Health Departments have created a website resource at <http://www.mamc.amedd.army.mil/bhd/bhdhome.asp> with information about stress and the psychological response to disasters, terrorism, and traumatic events.

A variety of topics are addressed on the website that may be helpful to parents, supervisors, commanders, health care providers and individuals. For additional information, contact LTC Bruce Crow, MCHJ-CP, at 968-4893.

### Blood Drive Dates



While not officially tasked to provide blood products to hospitals in New York or Washington, D.C., the Armed Services Blood Bank Center (ASBBC) located at Madigan Army Medical Center and other blood centers in Washington State are reporting that they are well-prepared to support this crisis. Blood bank officials, however, have stated that they currently have

good levels of blood supplies. They are asking individuals to not rush to blood banks to donate, but rather to come in over a two-week period to alleviate the long lines that donors are currently experiencing and ensure that donor centers maintain a good blood supply over the next several weeks. Following is the list of upcoming blood drives and the maximum number of donors each drive can accommodate. The appointment number at the Blood Bank Center is (253) 968-1850.

### DATE / LOCATION TIME / TOTAL DONORS

20 Sep MAMC donor center  
0800-1600 by appt. only or blood type O- walk-ins

21 Sep MAMC donor center  
0800-1600 by appt. only or blood type O- walk-ins

25 Sep McChord AFB  
(location TBD)  
0900-1500 first 100 donors

27 Sep MAMC donor center  
0800-1600 by appt. only or blood type O- walk-ins

Please send the editor of the **Health Care Monitor** news from your Military Treatment Facility. We will try and feature a variety of employees each month from different hospitals to keep your outstanding employees in the news. Please email your news items to [susanne.stevens@nw.amedd.army.mil](mailto:susanne.stevens@nw.amedd.army.mil).



## New blood donor rules in effect immediately

By **Gerry J. Gilmore**  
American Forces Press Service

WASHINGTON, Sept. 14, 2001 -- Revamped blood donor rules that were to take effect today have been postponed to Oct. 29, a DoD health official said.

The delay stems from the Sept. 11 terrorist attacks in New York City and Washington, said Army Col. Michael Fitzpatrick, director of the Armed Services Blood Program Office in Falls Church, Va.

"Blood collection during the crisis took

precedence over the final steps necessary to meet Food and Drug Administration requirements for administering the new standards," he explained. The new rules were developed to address the incidence of so-called mad cow disease in Europe, Fitzpatrick said.

During the next few weeks donor centers will process and document the units given by DoD personnel and their families in response to the attacks, he added.

Fitzpatrick thanked service members, civil-

ians and family members for responding generously by giving blood during the crisis. He noted that current DoD blood supplies are adequate, "But we encourage you to schedule a donation in the future."

The Defense Department currently bans blood donations from people if they lived in the United Kingdom between 1980 and 1996 for a cumulative total of six months or more. This rule stays in force.

The new blood donor restrictions would have indefinitely barred any

person who, from 1980 through the end of 1996, traveled or lived in the United Kingdom for a cumulative total of three months or more, or who traveled or lived anywhere in Europe for a cumulative total of six months or more; or who received a blood transfusion in the United Kingdom at any time since 1980.

Fitzpatrick said service members, civilians and their families living in countries such as Germany are at low risk of contracting mad cow disease.

## TRICARE For Life postpones all briefings at military installations

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Due to current military base security restrictions, TRICARE For Life briefings scheduled at the following locations have been postponed until further notice. If rescheduled locations and dates are

available, they will be posted to Health Net Federal Services' Website.

**Moscow, Idaho**  
Thursday, September 13 - POSTPONED

**Roseburg, Oregon**  
Monday, September

17 - POSTPONED

●  
**Coos Bay / North Bend, Oregon**  
Tuesday, September 18 - POSTPONED

●  
**Camp Rilea, Oregon**  
Friday, September 21 - POSTPONED

**Post Falls, Idaho**  
Monday, September 24 - POSTPONED

●  
**Lake Oswego, Oregon**  
Tuesday, September 25 - POSTPONED

●  
**Yakima, Washington**  
Thursday, September 27 - POSTPONED



## Breast Diagnostic Pathway helps prevent breast cancer

By: Helen McGregor,  
**ARNP, Madigan Army  
Medical Center**

Madigan has designed a program leading to significant improvement in the diagnosis and treatment of breast cancer patients in TRI-CARE Region 11 by providing fast and convenient access to mammography, detecting breast cancer at the earliest stage possible, optimizing treatment, and enhancing quality of life through a multidisciplinary approach. This program allows the facility to care for more patients with greater efficiency, in less time, diagnose patients at a stage that is imminently curable, and decreases cost associated with a breast cancer diagnosis.

The Breast Cancer Program is led by an energetic, yet compassionate team of profession-

als dedicated to providing the best service possible to our beneficiaries. The idea of a consolidated breast cancer program was the brainchild of Dr. Charlene Holt, Dr. Sabutu Babu, and a host of interested professionals representing many departments at the medical center. Beginning in 1994 the program began taking the present shape of two pathways designed to enhance the process of evaluating and treating breast disease.

The Breast Diagnostic Pathway provides a multidisciplinary approach to the evaluation of potential breast disease in patients referred to the tertiary setting from all health care providers in Tricare Northwest region and the Breast Cancer Clinical Pathway uses the multidisciplinary approach as the woman with a di-

agnosis of breast cancer goes from treatment planning through post-treatment follow-up.

The Madigan Breast Cancer Program has resulted in 1) an increase in diagnosis of early stage cancer, 2) the highest in-situ diagnosis rate in the military health system, 3) a cost savings of approximately \$2000 per biopsy compared to an open surgical biopsy due to the use of image guided biopsies, 4) a reduced duplicate studies rate, and 5) a reduction in the number of appointments necessary throughout the diagnostic and treatment process (consults are completed at one appointment time).

Dr. Don Smith, Mammography Department Chief, and Nurse Practitioner Genevieve Fuller, Coordinator of the Breast Diagnostic Cen-

ter were instrumental in making the medical center the first military facility on the West Coast to use the handheld image-guided system which reduces trauma to the woman and in some cases, successfully removes a small lesion. This new system further reduces the time and money needed for image-guided breast biopsy.

A full radiological staff consisting of physicians, nurses, radiology and mammography technicians, and clerical staff ensures the efficient operation of this department.

The Breast Watch Clinic operated by Dr. Wendy Ma, Cynthia Toft, and Mike Clarke offers women with an increased risk for breast cancer or those with a history of breast cancer the opportunity for prevention and follow-up.



Photomate 3rd Class Rachel Bonilla reads to her 18 month old daughter, Leena.  
(Photo By: Carmen Cintron U.S. Navy)

See story page 6 "Poster child for DoD bone marrow drive"...



# Naval Hospital Bremerton opens new wing of Hospital

By Judith Robertson  
Public Affairs Officer  
Naval Hospital Bremerton

In an hour-long ribbon-cutting ceremony Aug. 20 in front of a standing room only crowd of over 200, Naval Hospital Bremerton opened the doors of its new wing after two years of construction.

Designed by NBBJ Design group of Seattle, the hospital's new \$28.2 million three-story outpatient clinical wing provides 55 thousand square feet devoted to family medical care. The Family Care Center, as the new wing has been named, now houses the pharmacy with "robotics" capability, the medical records department, an immunization clinic, and a Wellness Center offering self-care health education. A 250-car garage tucks into the hillside under the entry drive to minimize its visual impact. The hospital's the TRICARE Service Center will move into the new wing later this year from its current location on the third floor of the main complex.

After brief remarks by Capt. Christine Hunter, the hospital's commanding officer, Rep. Norm Dicks was the keynote speaker.



Representative Norm Dicks (D-WASH) and Capt. Christine Hunter, MC, USN, Commander Naval Hospital Bremerton cut the ribbon to open the new Family Care Center August 20, 2001. (photo by: Susie Stevens)

Dicks said he was proud of the Naval Hospital's priority to train Family Practice physicians.

Also speaking were Rear Adm. Donald Arthur, the Deputy Surgeon General of the Navy, Rear Adm. James Johnson, the Medical Officer of the Marine Corps, and Capt. Diane

Lofink, the Chief of Staff, Navy Region Northwest.

Subsequently, hospital corpsmen led tours of the new facility.

The structure's light and airy glass façade creates a sense of welcome, and works with its woodsy setting to incorporate the healing influence of nature. An example of transformational design, the project serves as a benchmark for future military medical facilities.

The first impression is of a spectacular all-glass entryway known as the "quarterdeck" that reaches more than forty feet high and recalls naval designs akin to a control tower on an aircraft carrier. Nevertheless, "it's hard to believe this is a Department of Defense facility," said Cmdr. Greg Hoeksema, the hospital's director for medical services. "It looks like a hospital instead of a military installation."

The real change will be evident in the expanded care that the hospital can provide, focusing on the formation of four family practice teams that fully

update the navy's need to accommodate a wide range of users. The design also works harmoniously with the waterfront landscape, ushering in the presence of nature to create an optimistic setting for the delivery of medical services.

Serving military active-duty, retirees and their families, the new addition gives the Naval Hospital twenty percent more floor space, and will increase the facility's number of enrollees from about 35,000 currently to 45,000 in two years.

## Joint Medical Olympics Postponed

The Joint Medical Olympics, originally scheduled for 21 Sep, at McChord Air Force Base, has been rescheduled to 27 Oct, 0900-1500, at McChord Air Force Base.

(Continued from page 1)

dition to meeting the physical needs of the affected regions, the American Red Cross will be providing crisis mental health counseling.

The American Red Cross mental health and health workers are helping people recover from the emotional trauma of the incidents. People will be experiencing stress from the lack of warning, the unfamiliarity of the event, the exposure to gruesome situations and mass casualties.

Additionally, the shock of such a terrible event caused by what appears to be human hands will cause emotional trauma in communities across the country. NTSB selected the American Red Cross because of its nationally recognized mental health counseling program.

For teachers needing information about how to talk to students in the event of a disaster,

brochures are available. Please call your local Red Cross to request materials or for Disaster Counseling Materials that are designed to help families cope with this tragedy.

As many as 80,000 blood donations in the American Red Cross blood inventory are ready to be shipped to affected areas and will ensure that patients' lives are saved.

Donors who wish to give blood in the coming days to replenish the nation's blood supply are encouraged to call 1-800-GIVE-LIFE to make an appointment.

### How People Can Help

The American Red Cross is accepting financial donations from the public. For those who wish to help the victims of this and other disasters, the most effective method to support relief

efforts is to make a cash donation. Cash donations can be applied to provide rapid relief and provide the most flexible use of resources.

All American Red Cross disaster assistance is free, made possible by voluntary gifts of time and money from the American people. To help the victims of this and other disasters, contributions can be made to the American Red Cross Disaster Relief Fund or by calling 1-800-HELP-NOW (open 24 hours). Or you can access the Red Cross web site at [www.redcross.org](http://www.redcross.org) or your local Red Cross web site.

***It is recommended you use your local Red Cross web site due to the amount of internet traffic directed to their national web-site!***

Please contact your local Red Cross office to get further information on how you can assist in relief efforts.

## Local infant is "Poster child for DOD bone marrow drive"

By Judith Robertson  
**Public Affairs Officer**  
**Naval Hospital Bremerton**

**NAVAL HOSPITAL BREMERTON** -- Sometimes, the less blood you give, the better. This was the thinking of Photographer's Mate Rachel Bonilla, the mover and shaker behind the August 2001 donor drive at Naval Hospital Bremerton that supported the C.W. Bill Young/DoD Marrow Donor Program. While the Port Orchard resident does not want to discourage people from donating blood in regular blood drives, she does want to

encourage giving the small vial it takes to register as a bone marrow donor.

Bonilla had a 'little' interest in arranging the bone marrow donor drive--her name is Leena. She is the 18-month-old daughter of Rachel and husband Pete, and she has Acute Lymphoblastic Leukemia. She was also the 'poster child' for the hospital's donor drive. The drive, run by the hospital's First Class Petty Officer Association, added 113 names to the National Blood Donor Registry. A small test tube of blood and a consent form guaranteed that donors will be checked for

matches for the thousands of individuals with Leukemia, Aplastic Anemia and Hodgkin's Lymphoma.

Encouraging people of all ethnic backgrounds to donate, Bonilla said, "One of the most important things to consider is that you are more likely to be a donor for someone of your own ethnic background. These diseases know no boundaries and Leukemia can happen to anyone in your family, so if you are already on the registry — you're already there. You give a little blood and it could save a life."